

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008819

FILED
Mar 09, 2012
Secretary of State

Entity Name: UKRAINIAN AMERICAN CLUB OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

DARIA TOMASHOSKY
2830 WHISPERING PINE LANE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

DARIA TOMASHOSKY
2830 WHISPERING PINE LANE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 26-1145327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASHOSKY, DARIA
2830 WHISPERING PINE LANE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TOMASHOSKY, DARIA
Address: 2830 WHISPERING PINE LANE
City-St-Zip: NORTH PORT, FL 34287

Title: VD
Name: BOYKO, LIEDA
Address: 4413 MCCULLOUGH ST
City-St-Zip: PORT CHARLOTTE, FL 33948 UN

Title: D
Name: SZPICZKA, KLARA
Address: 7142 DOGWOOD CT
City-St-Zip: NORTH PORT, FL 34287

Title: S
Name: LISNYCZYJ, HALYNA
Address: 8760 MYSTIC CIRCLE
City-St-Zip: NORTH PORT, FL 34287

Title: T
Name: WOSNY, NANCY
Address: 6167 OTIS ROAD
City-St-Zip: NORTH PORT, F; 34287

Title: S
Name: HORBACHEVSKY, DORIS
Address: 6427 OTIS RD
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARIA TOMASHOSKY

PRES

03/09/2012

Electronic Signature of Signing Officer or Director

_____ Date